Niculae Alexandru Pintea In re Maria Pintea

Debtor(s)

Case Number: <u>07-42262</u> (If known) According to the calculations required by this statement: ☐ The presumption arises.

■ The presumption does not arise.

(Check the box as directed in Parts I, III, and VI of this statement.)

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual Chapter 7 debtor, whether or not filing jointly, whose debts are primarily consumer debts. Joint debtors may complete one statement only.

ation in this Part I, (1) check the box at the beginning of the Veteran's rise" at the top of this statement, and (3) complete the verification in Part
ent.
der penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § d in which I was on active duty (as defined in 10 U.S.C. § $101(d)(1)$) or while U.S.C. §901(1)).
0

	Pai	rt II. CALCULATION OF MO	NT	HLY INCOM	1E	FOR § 707(l)(7) EXCLU	SI	ON
	l _	tal/filing status. Check the box that applies a		•		•	ment	as directed.		
	l _	Unmarried. Complete only Column A ("Del		•						
 b. ☐ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of persponse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A ("Debtor's Income") for 3-11. c. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. 				r the purpose ") for Lines						
	d.	Married, filing jointly. Complete both Colum	ın A	("Debtor's Incom	1e")	and Column B ("Sp	oous	e's Income") f	or L	ines 3-11.
		ures must reflect average monthly income rece						Column A		Column B
		dar months prior to filing the bankruptcy case, If the amount of monthly income varied durin						Debtor's	Ì	Spouse's
		h total by six, and enter the result on the appro						Income		Income
3	Gros	s wages, salary, tips, bonuses, overtime, c	om	missions.			\$	5,264.44	\$	0.00
4		Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V. Debtor Spouse								
	a.	Gross receipts	\$	0.00	\$	0.00				
	b.	Ordinary and necessary business expenses	\$	0.00	\$	0.00				
	c.	Business income	Su	btract Line b from L	ine a		s	0.00	s	0.00
	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.				not include any			,		
5	[r	Constant		Debtor	<u> </u>	Spouse				l l
	a. b.	Gross receipts	\$	0.00	-	0.00				
	U.	Ordinary and necessary operating expenses Rent and other real property income	\$	0.00 btract Line b from L	1	0.00				
	1		<u> </u>	Delact Line D II offi L	iiie a		\$	0.00	\$_	0.00
6	Inter	rest, dividends, and royalties.					\$	0.00	\$	0.00
7	-	ion and retirement income.					\$	0.00	\$	0.00
8	expe	amounts paid by another person or entity, enses of the debtor or the debtor's dependent actude amounts paid by the debtor's spouse if C	ents	s, including child o			\$	0.00	\$	0.00

9	Unemployment compensation. Enter the amour However, if you contend that unemployment comp benefit under the Social Security Act, do not list the but instead state the amount in the space below:	ensat	ion received by	you or you	ir spouse was a			
	Unemployment compensation claimed to be a benefit under the Social Security Act Debt	or \$	0.00	Spouse \$	0.00	\$	0.00	\$ 0.00
10	Income from all other sources. If necessary, linclude any benefits received under the Social Secwar crime, crime against humanity, or as a victime source and amount. a. b.	urity	Act or payment	s received	as a victim of a			
	Total and enter on Line 10					\$	0.00	\$ 0.00
11	Subtotal of Current Monthly Income for A, and, if Column B is completed, add Lines 3 throu					ș_	5,264.44	\$ 0.00
12	Total Current Monthly Income for § 707 Line 11, Column A to Line 11, Column B, and enter enter the amount from Line 11, Column A.					\$		5,264.44

from Line 12 by the number		
	\$	63,173.28
able state and household of the bankruptcy court.) I size:	s	73,853.00
14. Check the box for "The	•	nption does not
:c	ected.	e 14. Check the box for "The presume Parts IV, V, VI or VII.

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)		
16	Enter the amount from Line 12.	\$	
17	Marital adjustment. If you checked the box at Line 2.c, enter the amount of the income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. If you did not check box at Line 2.c, enter zero.	s	
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	s	

	Part V. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2)				
Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)					
19	National Standards: food, clothing, household supplies, personal care, and miscellaneous. Enter "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	s			
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court).	s			

208	Local Standards: housing and utilities; mortgage/rent et of the IRS Housing and Utilities Standards; mortgage/rent expense for y available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy cou Monthly Payments for any debts secured by your home, as stated in Line result in Line 20B. Do not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 c. Net mortgage/rental expense	rour county and family size (this information is int); enter on Line b the total of the Average	Ś
	Local Standards: housing and utilities; adjustment. If yo		-
21	20A and 20B does not accurately compute the allowance to which you a Standards, enter any additional amount to which you contend you are e in the space below:	re entitled under the IRS Housing and Utilities	\$
	Local Standards: transportation; vehicle operation/publy You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses	whether you pay the expenses of operating a	
22	included as a contribution to your household expenses in Line 8.	ar for times the operating expenses are	
	□ 0 □ 1 □ 2 or more.		
	Enter the amount from IRS Transportation Standards, Operating Costs 8 number of vehicles in the applicable Metropolitan Statistical Area or Cenwww.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	·	s
	Local Standards: transportation ownership/lease expenvehicles for which you claim an ownership/lease expense. (You may not than two vehicles.) 1 2 or more. Enter, in Line a below, the amount of the IRS Transportation Standards	claim an ownership/lease expense for more	
23	www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Payments for any debts secured by Vehicle 1, as stated in Line 42; subt Line 23. Do not enter an amount less than zero.	Line b the total of the Average Monthly	
	a. IRS Transportation Standards, Ownership Costs, First Car Average Monthly Payment for any debts secured by Vehicle 1,	\$	
	b. as stated in Line 42	\$	
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$
	Local Standards: transportation ownership/lease expen you checked the "2 or more" Box in Line 23.	ise; Venicle 2. Complete this line only if	
24	Enter, in Line a below, the amount of the IRS Transportation Standards www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Payments for any debts secured by Vehicle 2, as stated in Line 42; subt Line 24. Do not enter an amount less than zero.	Line b the total of the Average Monthly	
	a. IRS Transportation Standards, Ownership Costs, Second Car Average Monthly Payment for any debts secured by Vehicle 2,	\$	
	b. as stated in Line 42	\$	
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
25	Other Necessary Expenses: taxes. Enter the total average more federal, state and local taxes, other than real estate and sales taxes, su social security taxes, and Medicare taxes. Do not include real estate	ch as income taxes, self employment taxes,	, ,
26	Other Necessary Expenses: mandatory payroll deduction deductions that are required for your employment, such as mandatory runiform costs. Do not include discretionary amounts, such as non	etirement contributions, union dues, and	s
27	Other Necessary Expenses: life insurance. Enter average m term life insurance for yourself. Do not include premiums for insura for any other form of insurance.		\$

	т —				
28	required	Necessary Expenses: court-ordered pa to pay pursuant to court order, such as spousal of a support obligations included in Line 44.	yments. Enter the total monthly amount child support payments. Do not inclu	unt that you are de payments on	ş
Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.			is a condition of	5	
30		Necessary Expenses: childcare. Enter the such as baby-sitting, day care, nursery and pro-			s
Other Necessary Expenses: health care. Enter the average monthly amount that you actually expend on health care expenses that are not reimbursed by insurance or paid by a health savings account. Do not include payments for health insurance or health savings accounts listed in Line 34.					s
32	actually pagers, o	Necessary Expenses: telecommunication pay for telecommunication services other than you call waiting, caller id, special long distance, or into that of your dependents. Do not include any	our basic home telephone service - such a ernet service - to the extent necessary for	s cell phones,	s
33	Total F	xpenses Allowed under IRS Standards	5. Enter the total of Lines 19 through 32		
	1.010.				\$
		Subpart B: Additional E	xpense Deductions under § 7	707(b)	
		Note: Do not include any expe	enses that you have listed in	Lines 19-32	
		Insurance, Disability Insurance, and age monthly amounts that you actually pay for yours.			
34	a	Health Insurance	\$		
	b.	Disability Insurance	\$		
	c	Health Savings Account	\$		
	<u> </u>		Total: Add Lines a, b and c		s
35	expense	ued contributions to the care of house s that you will continue to pay for the reasonable ed member of your household or member of you	and necessary care and support of an eld	derly, chronically ill,	s
36	maintain	tion against family violence. Enter any at the safety of your family under the Family Violer nature of these expenses is required to be kept	nce Prevention and Services Act or other		s
Home energy costs. Enter the average monthly amount, in excess of the allowance in the IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee			s		
38	you actu depende	tion expenses for dependent children lally incur, not to exceed \$125.00 per child, in pront children less than 18 years of age. You must strating that the amount claimed is reasonal and ards.	oviding elementary and secondary educati provide your case trustee with docur	ion for your nentation	\$
Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the			S		
40		ued charitable contributions. Enter the a inancial instruments to a charitable organization		e in the form of	\$

			Subpart C: Deductions for I	Debt Payment	
42	you ov Payme 60 mo	vn, list the name of the credent. The Average Monthly Panths following the filing of t	ed claims. For each of your debts that ditor, identify the property securing the deayment is the total of all amounts contract he bankruptcy case, divided by 60. Mortg he mortgage. If necessary, list additional	bt, and state the Average Monthly ually due to each Secured Creditor age debts should include payments	in the
		Name of Creditor	Property Securing the Debt	60-month Average Pay	ment
	a.			Ş	
	111	<u> </u>		Total: Add	Lines \$
43	a moto your d listed that m	or vehicle, or other property leduction 1/60th of any amount in Line 42, in order to maint	ed claims. If any of debts listed in Line 4 or necessary for your support or the support ount (the "cure amount") that you must po- cain possession of the property. The cure a d repossession or foreclosure. List and tot s on a separate page.	t of your dependents, you may inclu by the creditor in addition to the pay amount would include any sums in d	ude in rments efault
] [Name of Creditor	Property Securing the Debt	1/60th of the Cure An	nount
	a.			\$	
				Total: Add	Lines \$
44		nents on priority clain ny claims), divided by 60.	15. Enter the total amount of all priority o	laims (including priority child suppor	t and \$
	followi	ng chart, multiply the amou	expenses. If you are eligible to file a count in line a by the amount in line b, and e		
	a. Projected average monthly Chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy court.)				
45	c.	Average monthly adminis	trative expense of Chapter 13 case	Total: Multiply Lines a and b	_{\$}
45	1				
45	+	Deductions for Debt	Payment. Enter the total of Lines 42 th	rough 45.	 \$
	+		Payment. Enter the total of Lines 42 thart D: Total Deductions Allow	-	\$

	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION		
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$	
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$	
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$	
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	s	

	Initial presumption determination. Check the applicable box and proceed as directed.				
52	☐ The amount on Line 51 is less than \$6,000. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.				
	☐ The amount set forth on Line 51 is more than \$10,000 Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.				
	☐ The amount on Line 51 is at least \$6,000, but not more than \$10,000. Complete the remainder through 55).	of Part VI (Lines 53			
53	53 Enter the amount of your total non-priority unsecured debt				
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$			
	Secondary presumption determination. Check the applicable box and proceed as directed.				
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.				
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.				

Part VII. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. Expense Description 56 Monthly Amount Total: Add Lines a, b, c, and d

	Pa	t VIII. VERIFICATION
	I declare under penalty of perjury that the informat must sign.)	on provided in this statement is true and correct. (If this is a joint case, both debtors
57	Date: <u>July 6, 2007</u>	Signature: /s/ Niculae Alexandru Pintea Niculae Alexandru Pintea (Debtor)
	Date: <u>July 6, 2007</u>	Signature /s/ Maria Pintea Maria Pintea (Joint Debtor, if any)